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Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

Volume 27 FEBRUARY 1946 *Number 2*

The Age of Governors

THERE are striking instances of very young men in high public office, but they are the exception rather than the rule. This observation finds confirmation in a study of the present age (as of January 1, 1946) of the Chief Executives of the various States. The youngest Governors in this country are now 38 years of age. They are Ellis G. Arnall, of Georgia, who was 36 when elected to his present office, and John O. Pastore, of Rhode Island, who only recently moved up to the position from the Lieutenant Governorship. Next in order with respect to age are Clarence W. Meadows, Governor of West Virginia, who is 41, and Governors Thomas E. Dewey, and Horace A. Hildreth, of New York and Maine, respectively, both of whom are now 43 years old.

Statutory regulations regarding the minimum age for gubernatorial candidates have little or no practical effect in screening out men who would otherwise be qualified. In the large majority of States, the minimum age is 30, in some it is only 25 years, and in at least one State it is as low as 21 years.

Noteworthy in this connection is the fact that when, in 1938, Harold E. Stassen was elected to be Governor of Minnesota at the age of 31, he had the distinction of being the youngest Chief Executive in the history of his State, and certainly one of the youngest in the history of the country. Another outstanding example is Philip F. La Follette, who a little more than a decade ago was chosen to head the government of Wisconsin at the age of 33.

As the table on page 2 shows, one third of the present Governors, 16 out of the 48, are under 50 years of age. Fifteen Governors, virtually another third of the total, are concentrated in the five-year age period 50 to 54 years. Of the 17 Governors who are beyond this age, only seven are 65 or older. The two oldest Governors are Walter E. Edge, of New Jersey who is 72, and Walter S. Goodland, of Wisconsin, who is 82. The average of the Governors of the 48 States as an aggregate is close to 54 years.

When one examines the age of Governors according to geographic division, marked differences become apparent. The lowest average age is found among the Governors of the New England States, where, it so

AGE DISTRIBUTION OF GOVERNORS OF THE 48 STATES, BY GEOGRAPHIC DIVISIONS AS OF JANUARY 1, 1946

AGE GROUP	48 States	New England	Middle Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Mountain	Pacific
Under 40	2	1	—	—	—	1	—	—	—	—
40 to 44	5	2	1	—	—	1	—	1	—	—
45 to 49	9	—	—	1	3	3	—	2	—	—
50 to 54	15	2	—	3	3	2	—	—	2	3
55 to 59	6	1	—	—	1	—	1	1	2	—
60 to 64	4	—	—	—	—	—	1	—	3	—
65 to 69	5	—	1	—	—	1	2	—	1	—
72	1	—	1	—	—	—	—	—	—	—
82	1	—	—	1	—	—	—	—	—	—
Total	48	6	3	5	7	8	4	4	8	3
Average age in years	53.8	47.5	60.3	56.4	51.1	49.6	62.5	49.8	59.0	52.7

happens, the average of the population is higher than in the country as a whole. The average age of the Governors of the New England States is 47.5 years; of the six, three are under 45. At the other end of the scale are the East South Central States, where the average—namely, 62.5 years—is higher than that for any other region, and 15 years above the average for the New England States. The other regions show no consistent geographic pattern with regard to the age of the Governors.

An interesting side light on the subject under discussion is the relation of the age of Governors and their political affiliation. Democratic Governors are somewhat younger, on the whole, than their Republican colleagues, the respective averages being 52.2 and 55.5 years. Part of this difference arises out of the fact that the two youngest State Executives are Democrats and the two oldest are Republicans.

Although many high positions in public life are held by women, all of the gubernatorial positions are now filled by men. In fact, there have been only two women Governors in the history of the United States—Mrs. Miriam A. Ferguson of Texas and Mrs. Nellie T. Ross of Wyoming, both of whom took office in 1925. Incidentally, Mrs. Ferguson was subsequently re-elected. It is a point of interest that the only instances of women filling the Chief Executive chair were in States where life still has something of the frontier pattern.

The internal movement of population so characteristic of our country is reflected in the fact that no less than 16 of the Governors, or one third of the total, were born outside the boundaries of the States they

govern. In about half of these instances the State of birth and the State of residence were in the same general area. Another characteristic of our Governors in line with American tradition is that the majority of these men had their origin in small communities.

Marriageability of Daughters and Nativity of Parents

DAUGHTERS born in this country to foreign or mixed foreign-and-native parents are at a disadvantage with respect to marriage as compared with daughters of native-born parents. Not only do first generation native daughters marry at a later age, on the average, than do those of longer American lineage, but their chances of marrying at all are smaller. This holds for every geographic division of the country; also in large cities, small communities, and rural areas. The pertinent facts relating to the white population, derived from the Census of 1940, are presented in the table on the following page.

To illustrate the point: in the country as a whole, 13 percent of young girls in the ages 15 to 19 of native parentage were married at the time of the Census. This is nearly three times the figure—4.7 percent—for girls of the same ages born to foreign or mixed foreign-and-native parents. However, the disparity in the percent married in the two groups decreases steadily with advance in age. Thus, at 20 to 24 years, the proportion ever married among daughters of native-born parents was only 1½ times that for daughters of the other group. At ages 40 to 49, where the proportions observed are practically indicative of the chances of marrying at all, the figures are not far apart, although still in favor of daughters of native-born parents. The percentages ever married at these later ages were 90.8 for the daughters of the native-born, and 86.7 for the others.

Several explanations suggest themselves to account for these facts. Children of foreign-born parents probably move in a more limited social circle than do the children of families established here for several generations. The contrast is likely to be particularly sharp when families are of fairly recent arrival, as would be the case where native-born daughters were still at the younger ages in 1940. Hence the marked difference in the percent married at 15 to 19 years.

The chances of marriage for daughters of foreign-born or mixed parentage vary considerably with the size and location of the community in which they live. This is especially true of the girls at the younger marriageable ages. For example, at 15 to 19 years, only 3.4 percent of these daughters living in large cities (250,000 population or over) were married at the time of the Census; this was less than half the proportion in rural areas. Then, too,

the chances of marriage are smallest in the North East and greatest in the South and in the West. Again taking the age group 15 to 19 as an example, the percent married was 3.1 in the North East, 9.8 in the South, and 9.0 in the West. At ages 40 to 49, the respective percentages were 84.0, 88.5, and 90.4. It is to be noted that whereas the chances of early marriage are largest in the South, the greatest opportunity for

PERCENT OF NATIVE WHITE WOMEN WHO HAD EVER MARRIED, ACCORDING TO NATIVITY OF PARENTS AND AGE; FOR THE UNITED STATES AND ITS GEOGRAPHIC REGIONS, WITH REGARD TO SIZE OF COMMUNITY, 1940

REGION; SIZE OF COMMUNITY	NATIVE PARENTAGE				FOREIGN OR MIXED PARENTAGE			
	15–19	20–24	25–39*	40–49*	15–19	20–24	25–39*	40–49*
UNITED STATES	13.0	56.7	85.2	90.8	4.7	37.4	76.9	86.7
Cities of 250,000 and over	8.5	48.9	80.1	86.2	3.4	34.6	74.5	84.6
25,000–250,000	11.8	52.9	82.8	89.0	4.6	35.9	75.0	84.8
2,500–25,000	11.5	53.1	84.0	90.2	4.8	38.0	77.8	87.3
Rural nonfarm	16.3	65.3	89.2	92.8	7.3	46.5	83.0	89.6
Rural farm	14.2	60.3	88.5	94.7	6.9	43.2	82.8	92.4
North East	6.4	44.9	79.6	86.5	3.1	32.4	73.7	84.0
Urban	5.0	41.7	77.5	84.6	2.8	31.6	72.9	83.3
Rural nonfarm	9.3	54.1	85.6	90.1	4.7	39.3	79.4	88.0
Rural farm	9.9	50.2	82.7	92.5	4.1	31.4	73.7	90.7
North Central	10.4	54.3	85.0	91.1	5.1	40.5	78.8	87.6
Urban	9.9	51.1	82.6	89.0	4.5	38.5	76.9	85.9
Rural nonfarm	12.9	62.0	88.6	92.6	8.2	49.3	83.4	88.5
Rural farm	9.4	56.0	88.2	94.9	5.8	45.1	83.6	92.3
South	18.4	63.5	87.5	92.6	9.8	46.0	80.4	88.5
Urban	17.2	59.4	84.5	90.2	8.6	45.7	77.7	86.4
Rural nonfarm	21.0	69.8	90.3	93.9	9.3	47.7	87.2	92.2
Rural farm	17.7	63.5	88.8	94.6	14.2	45.9	84.7	92.7
West	15.0	63.8	89.1	93.2	9.0	50.6	83.5	90.4
Urban	12.8	58.8	86.8	91.6	8.1	47.8	81.6	88.7
Rural nonfarm	20.3	74.9	92.7	95.2	12.8	62.0	89.0	94.0
Rural farm	13.7	63.9	92.7	96.9	7.9	48.5	85.2	93.9

*The rates were standardized for age on the basis of the age distribution of the total female population at these ages in the United States, 1940. Source for basic data: U. S. Bureau of the Census, *Population, Differential Fertility, 1940 and 1910—Women by Number of Children Under 5 Years Old*, Washington, D. C., 1945, Tables 14 and 70.

eventual marriage is in the West. This geographic pattern of the marriage picture for daughters of foreign or mixed parentage conforms closely with that for daughters of native-born parents. This is another illustration of the fact that individuals generally mold their behavior in accordance with the characteristics of their social environment.

Increase Expected in Bicycle Accident Fatalities

IT APPEARS reasonably certain that the toll of dead and injured resulting from automobiles colliding with bicycles will increase considerably in the near future, and, in fact, before long may establish a new high record. When the production of automobiles gets into full swing again, the number of cars on our streets and highways will reach unprecedented figures. There is also a tremendous demand for bicycles both by children and by adults, which, when met, will result in a greatly increased number of cyclists on the roads. These developments are bound to bring a marked rise in the frequency of automobile-bicycle collisions, unless the traffic safety program is greatly intensified.

Bicycling as a recreational activity gained considerably in popular favor in the decade prior to World War II. Unfortunately, the growing enthusiasm for the sport was accompanied by an increasing number of fatalities. Some light on the trend of mortality from automobile-bicycle collisions is shed by the experience among the Industrial policyholders of the Metropolitan Life Insurance Company. In the years 1932 to 1935, the death rate from this cause among insured males ranged between 4.9 and 6.3 per million policyholders (ages 1 to 74 years). The mortality then rose rather sharply, reaching a maximum of 12.9 in 1941. The wartime restrictions on driving, however, had a beneficial effect, causing the rate to drop to 5.0 per million male policyholders in 1944, the level of about a decade ago.

A parallel trend is observed in the general population of the United States. In 1933 there was a total of about 400 deaths in this country from collisions between bicycles and automobiles. The number of fatalities increased steadily, and by 1941 exceeded 900. Wartime falling off in motor traffic brought the toll down again to about 400 in 1944.

These figures cover only those accidents to cyclists in which the death was due to a collision with an automobile; they account for about four fifths of all deaths from bicycle accidents. The remaining fifth results largely from falls off bicycles and from bicycles running into streetcars or into curbs, trees, or other fixed objects.

Progress in preventing automobile-bicycle accidents will depend in large measure upon the success with which the safety message is brought to boys, particularly those in the teen ages, for it is this group that

contributes the largest part of the annual toll. Among Metropolitan Industrial policyholders, the death rate from this type of accident was more than five times as high among boys of ages 10 to 19 as among men ages 20 to 64 years, even in prewar years; during the war period the ratio was 10 to 1. The disparity is greater still when the mortality for adults is compared with that for youngsters in the ages between 13 and 16. Among girls and women, fatalities from bicycle accidents are comparatively infrequent.

The effort to promote the safety of cyclists on streets and highways is made more difficult by the fact that during the war period a good-sized contingent of youngsters grew up without having had the opportunity to own and ride a bicycle. Many thousands of them will soon have their first encounter with road traffic. Even those boys fortunate enough to have had a bicycle in recent years will discover that traffic is much more difficult to cope with than it was during the war years. Not only will the roads be more crowded, but in many sections of the country the lower wartime speeds will no longer prevail.

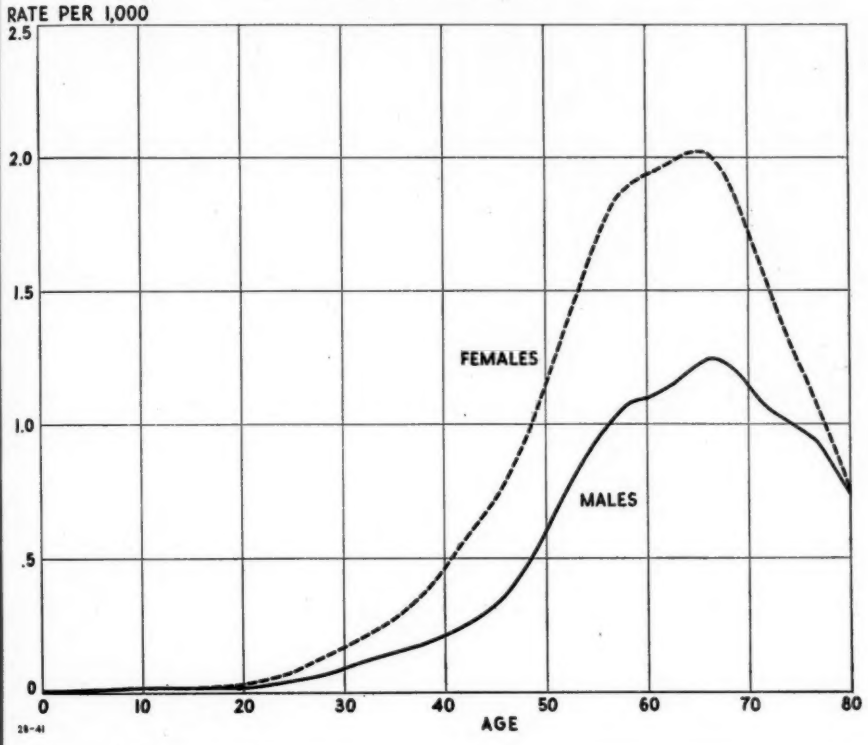
Bicycling must be made safer. Neither children nor adults should have to forego the pleasure and relaxation it affords because of the hazards involved. Preventive measures should be set in motion at once without waiting for a sharp increase in the accident toll to awaken public attention. Boys should be persuaded at all times strictly to obey traffic regulations and to avoid as far as possible using highways and main thoroughfares. "Wheels" should be kept in good mechanical condition, and if used at night, should without fail be equipped with a front light and a tail light or reflector. Everyone who drives a car knows that bicycles on the road at night without lights are nothing less than an urgent invitation to an accident.

The Chances of Becoming Diabetic*

DIABETES ranks among the major medical and public health problems of the day, and the outlook is that it will continue to grow in importance in the next few decades. In the United States there are annually about 35,000 deaths in which diabetes is reported as the primary cause, and about 4,000 more in which the disease is stated to be a contributory cause. It is estimated that there are at present well in excess of 500,000 diabetics in the general population of the United States; that at least 50,000 persons a year acquire the disease; and that about 4,000,000 of the present population will become diabetic some time during the course of their lives. Of these cases—existing, new, or potential — somewhat more than three fifths are among females, and

*This article is based upon the paper "Age and Sex Variations in the Prevalence and Onset of Diabetes Mellitus" by Mortimer Spiegelman and Herbert H. Marks of the Company's Statistical Bureau, in the *American Journal of Public Health*, January 1946.

Chart 1—Chances per 1,000 of Becoming Diabetic Within the Year of Age.

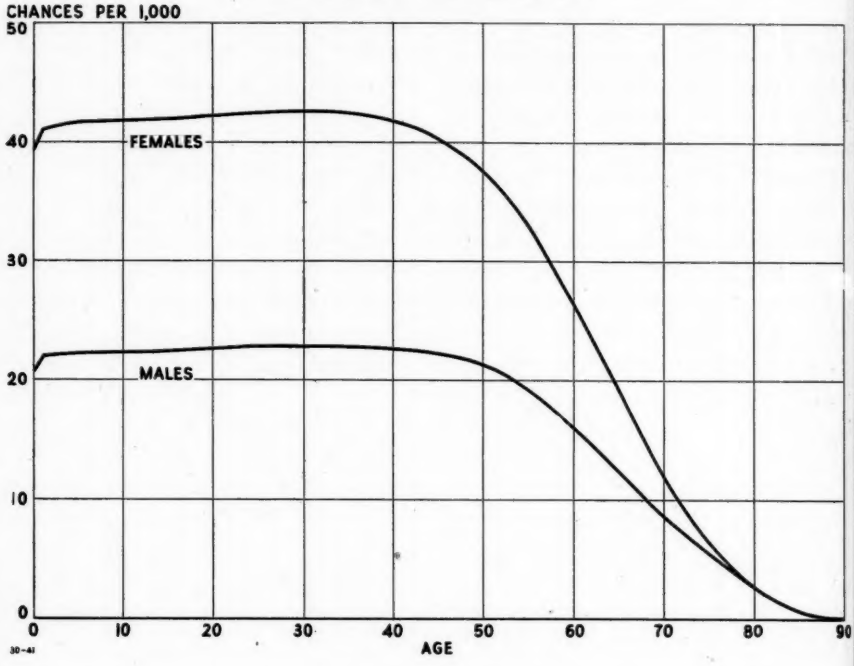


close to two fifths among males.

Diabetes is primarily a disease of later life. Of the total number of cases of the disease in our country, one half are concentrated at ages 60 and over, although the population at these ages comprises only one ninth of the total; one fourth of the diabetics are in the ages under 50, and the remaining fourth are between ages 50 and 60. The average age of living male diabetics is 56 years, and of females, 57 years.

The onset rates of diabetes—that is, the chances that a nondiabetic will acquire the disease within one year—vary strikingly according to sex and age, as is evident in Chart 1 shown above. The rates are very low at the early ages, but rise with increasing rapidity up to about age 55—more so for women than for men. The particular susceptibility of women to diabetes on approach of the menopause is symptomatic of the endocrine changes that are characteristic of that period of life. Between ages 40 and 50, the annual rate at which new cases of the disease arise among women is more than twice that among men. At the older ages, however, the disparity in

Chart 2—Chances per 1,000 of Eventually Becoming Diabetic, According to Sex and Age.



the onset rates for the two sexes decreases steadily.

That females are much more prone to the disease than males is also illustrated in Chart 2, which shows what the chances are that men or women of any age will eventually become diabetic. It is clear from the graph that, up to age 50, the chances for females are almost twice those for males. In the population under 50, more than 4 percent of the females and more than 2 percent of the males will become diabetic some time during their lives.

The outlook for the next few decades is that the number of diabetics will increase at a much greater rate than the population. If it is assumed that recent diabetes prevalence rates at individual ages remain unchanged, the number of diabetics will increase by 18 percent in the decade from 1940 to 1950, while the total population may grow only by 9 or 10 percent. It is estimated that our total population will be at a maximum about 1985, when it will be 22 percent greater than it was in 1940; however, in the same period, the diabetic population may increase by 74 percent. The more rapid increase of the diabetic population arises from two factors: first, the ever-increasing proportion of persons at the older ages; second, the

more rapid increase in the number of women than of men at these ages.

In thus estimating our future diabetic population, no allowance is being made for the effect which organized efforts to make the general practitioner and the lay public more aware of diabetes may have upon future observed prevalence. It is quite likely that, as these efforts meet with increasing success, there will also be an increase in diabetes case finding. Another factor that may raise the observed prevalence is the likelihood of further increases in the after-lifetime of diabetics beyond those already achieved. It is obvious that lengthening the life of diabetics will increase the proportion of them in our midst. Still another consideration arises from the trend of our standard of living. As it continues to higher levels and is accompanied by a further increase in food consumption beyond the lessened physical requirements which result from our growing mechanization, the incidence of diabetes may show an upward trend.

Research is under way which may eventually aid in the prevention of diabetes, but the prospects for major practical results along these lines are not yet such as to warrant the assumption of any considerable effect on future diabetes prevalence. Certainly, it would be too optimistic to expect an actual reduction in the prevalence of diabetes, in the face of the adverse effects of an aging population and the other factors mentioned above.

Recent Decline in Appendicitis Mortality

RECENT years have witnessed a marked decline in the mortality from appendicitis in the general population of the United States. A little more than a decade ago the annual death toll from the disease was 18,000; by 1943, the latest year for which data are available, the number in a much larger population had been cut to 8,100. Moreover, there are definite indications that deaths from the disease have been further reduced since then. If the appendicitis death rate of the early 1930's prevailed currently, the disease would now take about 20,000 lives a year.

In the short space of three years, between 1940 and 1943, mortality from appendicitis in this country dropped about two fifths—from 9.9 to 6.1 per 100,000. Every State in the Union experienced a decline, although the relative improvement varied considerably for the individual States, as is evident from the table on page 10. Rhode Island and Maine are at the top of the list, each showing a reduction of 62 percent in the three-year period; Nevada at the other end, recorded a drop of 19 percent. Nevada, however, is not by any means representative of the Western States. Actually, all the other States in the Mountain and in the Pacific region registered a larger relative decline than did the country as a whole. The

smallest gains in reducing the mortality from appendicitis were made by the Southern States. Of the 17 States in this area, 14 experienced lower than average declines. But it should be noted that even in this area no State recorded a reduction of less than 27 percent between 1940 and 1943.

The recent decline in appendicitis undoubtedly has been due in large measure to the use of chemotherapy in cases complicated by peritonitis. But part of the credit belongs to the national educational campaign which effectively warned the public against delay in seeking medical advice and against the use of laxatives in the presence of abdominal pain. There are still many lives needlessly lost each year from appendicitis. The campaign against the disease must continue until the toll is reduced to negligible numbers.

DECLINE IN MORTALITY FROM APPENDICITIS, 1940 TO 1943, BY STATES RANKED IN ORDER OF IMPROVEMENT

STATE	DEATH RATE PER 100,000		PERCENT DECLINE	STATE	DEATH RATE PER 100,000		PERCENT DECLINE
	1943	1940			1943	1940	
UNITED STATES	6.1	9.9	38.4				
Rhode Island	4.5	11.8	61.9	Minnesota	6.3	10.2	38.2
Maine	4.8	12.5	61.6	Maryland	4.1	6.6	37.9
Arizona	5.7	13.8	58.7	New Hampshire	6.7	10.7	37.4
Montana	6.4	14.3	55.2	Virginia	4.6	7.3	37.0
Washington	4.6	9.8	53.1	Indiana	6.7	10.6	36.8
Nebraska	6.0	12.6	52.4	Florida	6.3	9.9	36.4
New Mexico	6.2	12.9	51.9	Illinois	7.0	11.0	36.4
Utah	6.2	11.9	47.9	Oklahoma	8.3	13.0	36.2
North Dakota	5.7	10.9	47.7	Louisiana	6.2	9.7	36.1
Massachusetts	5.3	10.1	47.5	Connecticut	5.7	8.8	35.2
Oregon	5.1	9.7	47.4	Texas	6.3	9.7	35.1
Wyoming	7.9	14.8	46.6	New Jersey	6.7	10.3	35.0
Idaho	9.0	16.1	44.1	New York	6.3	9.6	34.4
West Virginia	4.2	7.5	44.0	Mississippi	7.2	10.9	33.9
Wisconsin	6.4	11.4	43.9	Georgia	6.0	8.9	32.6
District of Columbia	5.5	9.6	42.7	Arkansas	7.3	10.6	31.1
Ohio	5.7	9.8	41.8	Kentucky	7.4	10.7	30.8
Delaware	5.3	9.0	41.1	South Dakota	8.1	11.7	30.8
California	5.4	9.1	40.7	South Carolina	4.7	6.7	29.9
Kansas	6.9	11.6	40.5	Iowa	6.9	9.8	29.6
Missouri	7.0	11.7	40.2	Tennessee	5.7	8.1	29.6
Colorado	8.5	14.2	40.1	North Carolina	4.6	6.3	27.0
Pennsylvania	5.5	9.1	39.6	Alabama	5.7	7.8	26.9
Michigan	5.8	9.5	38.9	Nevada	12.6	15.5	18.7
Vermont	9.2	15.0	38.7				

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for January 1946, and January 1945, together with the death rates for the years 1945, 1944 and 1943.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	January 1946	January 1945	Year		
			1945	1944	1943
ALL CAUSES—TOTAL	923.0	876.8	826.2	822.9	778.6
—Excluding war deaths	*893.7*	*772.0*	*738.0*	*754.6*	*764.1*
Typhoid fever	0.2	0.3	0.3	0.2	0.3
Measles	.1	.1	.2	.7	.6
Scarlet fever	.2	.1	.3	.4	.4
Whooping cough	1.2	.9	.9	.6	1.3
Diphtheria	1.2	1.2	.9	.6	.7
Influenza	15.6	5.3	3.4	8.3	6.1
Pneumonia (all forms)	49.3	37.8	26.7	33.1	35.1
Tuberculosis (all forms)	40.4	35.8	36.8	39.4	40.1
Tuberculosis of respiratory system	37.6	32.2	33.3	35.7	36.3
Syphilis	9.1	10.0	8.3	9.5	10.0
Cancer (all forms)	111.8	104.4	112.5	108.9	106.7
Diabetes mellitus	35.6	27.3	25.3	27.8	28.5
Cerebral hemorrhage	78.8	67.6	66.3	65.1	65.5
Diseases of the coronary arteries and angina pectoris	78.4	73.8	67.1	62.9	60.5
Other chronic heart diseases†	209.4	166.2	157.5	162.8	168.4
Diarrhea and enteritis	1.7	3.4	3.6	4.7	4.5
Appendicitis	4.7	3.5	5.0	5.4	5.5
Chronic nephritis	51.0	46.8	43.3	46.1	50.6
Puerperal state—total	3.5	3.7	3.6	4.1	4.2
Suicides	7.4	5.1	6.2	6.3	6.5
Homicides	3.7	2.4	3.2	3.2	3.5
Accidents—total	55.8	52.0	55.1	53.0	51.4
Home accidents	13.3	8.6	10.1	10.9	11.9
Occupational accidents	3.5	4.1	5.1	5.9	6.7
Motor vehicle accidents	15.5	13.8	14.9	14.0	13.3
War deaths (enemy action)	29.3	104.8	88.2	68.3	14.5
All other causes of death	134.5	124.2	111.5	111.5	113.9

*The rates for 1946 and 1945 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

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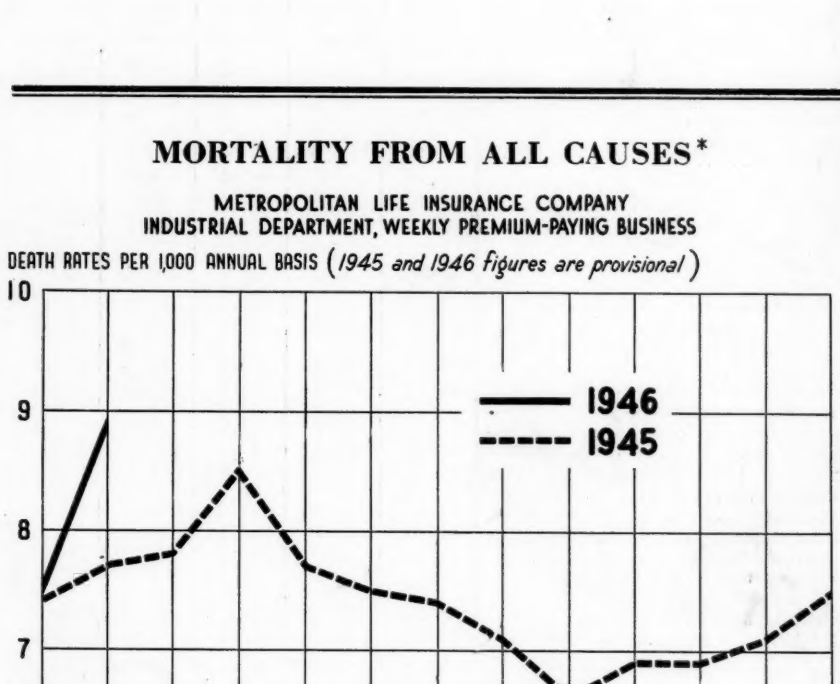
MORTALITY FROM ALL CAUSES*

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (*1945 and 1946 figures are provisional*)



	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1945		7.7	7.8	8.5	7.7	7.5	7.4	7.1	6.6	6.9	6.9	7.1	7.5
1946		8.9											

* *Does not include war deaths*

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